FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996 3-13-96 B 2212-C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32723 (1)

1. Corporation Name

HUNTINGTON POINTE II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1051 S. ROGERS CIR~~ ~~BOCA RATON FL 33487~~ US	~~1051 S. ROGERS CIR~~ ~~BOCA RATON FL 33487~~ US

2. Principal Place of Business	2a. Mailing Address
21 c/o Prime Management	26 c/o Prime Management
Suite, Apt. #, etc. 22 6300 Park of Commerce	Suite, Apt. #, etc. 27 6300 Park of Commerce Bl
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip 24 33487 Country 25 US	Zip 29 33487 Country 30 US

3. Date Incorporated or Qualified: 06/07/1989

3a. Date of Last Report: 06/16/1995

4. FEI Number: 65-0158672 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DANIELS, STEVEN L
301 YAMATO RD., #4150
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LIEBERMAN,MILTON		1.2 NAME		
STREET ADDRESS	6149 POINTE REGAL CIRCLE #406		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33484		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAPPERSTEIN,RAPLH		2.2 NAME		
STREET ADDRESS	6065 POINTE REGAL CIRCLE #105		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REISMAN,HERBERT		3.2 NAME		
STREET ADDRESS	6093 POINTE REGAL CIRCLE #302		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROOKS,LEON		4.2 NAME		
STREET ADDRESS	6121 POINTE REGAL CIRCLE #310		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		4.4 CITY-ST-ZIP		
TITLE	S/D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GROVER,EVA		5.2 NAME		
STREET ADDRESS	6037 POINTE REGAL CIRCLE #201		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33484		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/19/96 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #